LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals,



| FOR OFFICE Postmark Date | |
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| #10°22 | |

Instructions

- Print in ink or type.
- Complete form and return with \$10 registration fee to the Board of Ethics, 8401 United Plaza Blvd., Suite 200 Baton Rouge, LA 70809-7017, (225) 922-1400 pt (800) 842-6630.
- Initial registrations must be submitted within 5 days of (1) employment as a lobbyist or (2) first action requiring registration. Registrations expire as of December 31 unless a renewal is submitted between December 1 and January 31.

| ι. | NAME | retron | Nicholas | 6. | | | 40 | በበብብል |
|----|--------------|----------------|---|---------------|--------------------|--------------------------------|--|-------------------------------|
| | | Last | First | | | MI | TO | 00331 |
| 2. | BUSTNESSI | | 821-2506 | | | | , | |
| | | | Area Code and Phor | ie Number | | | | |
| 3. | BUSINESS | ADDRESS_ | 329 South | Dorgeno | is Street | New (| Orlenas, LA | 70119 |
| | | | Street and No. | | Čity | State | Zip | |
| | MAILING. | ADDRESS_ | SAME AS ABO | OVE | | | | |
| | | | Street and No. | | City | State | Zip | |
| 4. | EMPLOYE | R New | Orleans Fire F | ighters . | Associatio | n | | |
| 5. | EMPLOYE | R'S ADORES | | ME AS AB | оук | | | |
| | | | Street and No. | City | State | | Zip | |
| б. | organization | ı you represen | of persons, groups, or org t; (c) the type of business | each is engag | ed in or the purpo | t; (b) the add se or functi | iress of each such p on of the organization | erson, group, on br group; |

- whether or not the client or someone clse pays you to lobby.
 - New Orleans Fire Fighters Association 329 South Dorgenois Street New Orleans, LA Address Business or purpose Representing Fire Fighters Does this person pay you? YES

NYA If No, who pays you?

LOBBYING REGISTRATION FORM

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|-------------|--------|---|--------|
| Lobbyi | st's R | legistration v | mber . |

| 2. | NameLouisiana AFL-010 |
|----|---|
| | Address 429 Government Street Baton Rouge, LA |
| | Business or purpose Representing Labor Unions . |
| | Does this person pay you?NO |
| | If No, who pays you? N/A |
| 3. | Name |
| | Address |
| | Business or purpose |
| | Does this person pay you? |
| | If No, who pays you? |
| 4, | Name |
| | Address |
| | Business or purpose |
| | Does this person pay you? |
| | If No, who pays you? |

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief, and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.] has been deliberately omitted.

Signature of Lobbyist

